



# Incident Report

**Print Date/Time:** 09/29/2016 15:55  
**Login ID:** ss0143

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00019103

**Incident Date/Time:** 9/25/2016 5:14:00 PM  
**Location:** VERNON RD / FRONTAGE RD  
LAKE STEVENS WA 98258  
**Phone Number:** (206) 251-1985  
**Report Required:** Yes  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19R1	SS0144-Michael

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	DAVIS, KAYLA LYNN	219 S LAKE STEVENS RD Lake Stevens WA 982588544			Female	12/28/1982
2	Driver	ORSBORN, TRAVIS COLLINS	34027 MOUNTAIN LOOP Granite Falls WA 982520000	(360) 691-6416	White	Male	02/07/1978
1	Involved Party	ORSBORN, LILLIAN R				Unknown	09/05/2007

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2001				ASA2948	WA
Involved Vehicle	Passenger Car	2001	Dodge		White	B08976G	WA

## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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09/25/2016 : 17:16:37 SP0403 Narrative: 19R1 WILL HANDLE

09/25/2016 : 17:16:26 SP0403 Narrative: AA

09/25/2016 : 17:16:13 SP0325 Narrative: CC, NON INJ NON BLKING, SIL ACURA AND LIFTED WHI PU, VEHS HAVE PULLED INTO DENTIST PKLOT, LR325

## COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E589976**CASE # **2016-00019103**LOCAL AGENCY  
CODINGTOTAL # OF  
UNITS **02** OBJECT  
STRUCKTRIBAL  
RESERVATION

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	09	-	25	-	2016			1715	31						0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐  
**N DAVIES RD** BLOCK NO. ☒ **9400**  
MILE POSTDISTANCE OF (REFERENCE OR CROSS STREET)  
MILES ☐ N ☐ E ☐ S ☐ W **FRONTAGE RD**UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONELAST NAME **ORSBORN** FIRST NAME **TRAVIS** MIDDLE INITIAL **C**STREET NEW ADDRESS **34027 MOUNTAIN LOOP HWY**CITY **GRANITE FALLS** ST **WA** ZIP **982520000**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **ORSBOTC227CG** STATE **WA** SEX **M** D.O.B. **02** - **07** - **1978**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **B08976G** STATE **WA** VIN# **1B7KF236X1J573826**

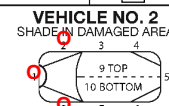
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2001** MAKE **DODG** MODEL **RAMPU** STYLE **4C** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **TRAVIS ORSBORN PO BOX 1475 GRANITE FALLS WA 98252**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **LIBERTY MUTUAL AO22684210354043**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEUNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONELAST NAME **DAVIS** FIRST NAME **KAYLA** MIDDLE INITIAL **L**STREET NEW ADDRESS **219 S LAKE STEVENS RD**CITY **LAKE STEVENS** ST **WA** ZIP **982588544**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **DAVISKL188R8** STATE **WA** SEX **F** D.O.B. **12** - **28** - **1982**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **ASA2948** STATE **WA** VIN# **19UUA56651A013475**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2001** MAKE **ACUR** MODEL **32TL4D** STYLE **4D** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **KAYLA DAVIS 219 S LAKE STEVENS RD LAKE STEVENS WA 98258**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **USAA 016092559R**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEOFFICER'S NAME (PRINT) **A. MICHAEL #0144** BADGE OR ID # **0144** AGENCY **WA0311900**


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E589976**CASE # **2016-00019103**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>ORSBORN SAGE F</b>																
ADDRESS & PHONE #										SEX	U	D.O.B. MMDDYYYY	05	-	09	-	2010	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	6	AIRBAG	2	RESTR.	8	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>ORSBORN LILLIAN R</b>																
ADDRESS & PHONE #										SEX	U	D.O.B. MMDDYYYY	09	-	05	-	2007	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	7	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX		D.O.B. MMDDYYYY		-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

**NARRATIVE**

V2 was driving eastbound on N Davies Rd and entered a roundabout in the 9800 block of N Davies. The roundabout is a traffic control device used to filter in traffic from multiple businesses in the area. Driver of V2 stated that she was already in the roundabout when V1 quickly entered the roundabout in front of her and she could not stop before striking him.

Driver of V1 stated that he had stopped at the roundabout as he was leaving Safeway. He was driving his large, quad cab extended bed truck and entered the roundabout when he thought it was clear. He stated that he was completely in the roundabout when V2 entered and was going very fast. V2 then struck the back of his truck.

V2 struck the very back of V1 with the hood of her car. The damage suggests that the entirety of V1 was already in the roundabout when V2 struck the back of V1.

**\*\*\*\* AUTO-POPULATED SECTION \*\*\*\***

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1  
Traffic Control: ROUNDABOUT  
Motor Vehicle Unit 2  
Action Code: DRIVING IN ROUNDABOUT  
Traffic Control: ROUNDABOUT

\*\*\*\* END OF AUTO-POPULATED SECTION \*\*\*\*

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

<b>A. MICHAEL #0144</b>		<b>09-29-16 01:16 PM</b>	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLA CE SIGNED
APPROVED BY		DATE	
<b>C. CHRISTENSEN 0075</b>		<b>9/29/2016 2:58:21 PM</b>	
BADGE OR ID #	<b>0144</b>	ORI #	<b>WA0311900</b>
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
<b>5:16 PM</b>		<b>5:26 PM</b>	

REPORT NO. E589976

CASE # 2016-00019103

DATE AND TIME  
OF COLLISION 09/25/16 17:15

